

# CLAIMS ONLY

Application Number

10/689307

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments		* May be used for additional claims or amendments		* May be used for additional claims or amendments	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
60 1							51					
60 2							52					
60 3							53					
60 4							54					
60 5							55					
60 6							56					
60 7							57					
60 8							58					
60 9							59					
60 10							60					
60 11							61					
60 12							62					
60 13							63					
60 14							64					
60 15							65					
60 16							66					
60 17							67					
60 18							68					
60 19							69					
60 20							70					
60 21							71					
60 22							72					
60 23							73					
60 24							74					
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60 31							81					
60 32							82					
60 33							83					
60 34							84					
60 35							85					
60 36							86					
60 37							87					
60 38							88					
60 39							89					
60 40							90					
60 41							91					
60 42							92					
60 43							93					
60 44							94					
60 45							95					
60 46							96					
60 47							97					
60 48							98					
60 49							99					
60 50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

CLAIMS ONLY							Application Number 10/689301		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
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11							61					
12							62					
13							63					
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38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					